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312 8th Avenue North, 8th Floor Tennessee Tower
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Phone: 615.741.2650
Fax: 615.741.5133
Email: sos.information@state.tn.us

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Sequence Number: _____

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Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
Phone:	(615) 507-6446
Email:	george.woods@state.tn.us

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
Phone:	(615) 507-6474
Email:	

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Bureau of TennCare 1 st Floor East Conference Room 310 Great Circle Road
Address 2:	
City:	Nashville, Tennessee
Zip:	37243
Hearing Date :	04/16/2008
Hearing Time:	9:00 a.m. C.S.T

Additional Hearing Information:

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Revision Type (check all that apply):

- ☒ Amendment
☐ New
☐ Repeal

Rule(s) (for additional chapters, copy and paste table)

	Chapter Number	Chapter Title
	1200-13-13	Bureau of Tennecare
	Rule Number	Rule Title
	1200-13-13-.11	Appeal of Adverse Actions Affecting Tennecare Services or Benefits

Substance of Proposed Rule

Bureau of Tennecare

Part 8. of subparagraph (b) of paragraph (2) of rule 1200-13-13-.11 Appeal of Adverse Actions Affecting Tennecare Services or Benefits is deleted in its entirety and replaced with a new part 8. which shall read as follows:

8. An enrollee seeks to change health plans after the initial forty-five (45) days pursuant to 1200-13-13-.03(2)(b)2.(i) and 1200-13-13-.03(2)(b)2.(ii).

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 02/28/08

Signature: _____

Name of Officer: Darin J. Gordin
Deputy Commissioner Tennessee Department of
Finance and Administration

Title of Officer: _____

Subscribed and sworn to before me on: _____

Notary Public Signature: _____

My commission expires on: _____

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Filed with the Department of State on: _____

Riley C. Darnell
Secretary of State